

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017337

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3939

STATE FILE NUMBER

1. FILED APR 17 1963

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. CITY OR TOWN **St. Louis**Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Firmin Desloge Hospital**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**7506a Virginia Avenue**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Mildred F. Brown Bailey**

4. DATE OF DEATH

Month

Day

Year

**April 5, 1963**

5. SEX

**Female**

6. COLOR OR RACE

**White**7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**2/15/1898**

9. AGE (last birthday)

**65**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**10b. KIND OF BUSINESS OR INDUSTRY  
**Own Home**11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Frank Tretter**

13b. MOTHER'S MAIDEN NAME

**Alice Maddox**

14. NAME OF HUSBAND OR WIFE

**Verbel**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)**No****None**

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
**Mable Hanstein 7506a Virginia, St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral vascular insufficiency**

INTERVAL BETWEEN ONSET AND DEATH

**10 yrs.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Rheumatic heart disease**

DUE TO (c)

**4/6x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3-15-63** to **4-5-63** and last saw her alive on **4-5-63**  
Death occurred at **745/p** m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)  
**J. H. Wellman, M.D.**

22b. ADDRESS

**1325 S. Grand**

22c. DATE SIGNED

**4/7/63**23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE

**Apr. 8, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Park Lawn Cemetery**

23d. LOCATION (City, town, or county)

**Lemay, Missouri**24. FUNERAL DIRECTOR ADDRESS  
**C. Hofmeister Mortuaries****7814 So. Broadway, St. Louis, Mo.**

25. DATE RECD. BY LOCAL REG.

**APR 8 1963**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John L. Denny*

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.